

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Brian Mitchell
Easterling Correctional Center
200 Wallace Drive
Clio, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. ☒ Registered Mail ☐ Agent
☐ Insured Mail ☐ Addressee
 B. Delivered by (Printed Name) *ah*
 C. Date of Delivery *12-07-06*
 D. Delivery address different from item 1? ☐ Yes
☒ No
 Enter delivery address below:

*06cv-1079
PO + CMF*

Type ☒ Registered Mail ☐ Express Mail
☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4 Restricted Delivery? (Extra Fee) ☐ Yes

2. Article *7005 1820 0002 3461 2830*

(Transfer from service label)

2811 February 2004

Domestic Return Receipt

102595-02-M-1540